MIECHV Data Collection Manual

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Introduction

The legislation which authorized funding for the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program required quantifiable, measurable improvements for the populations receiving services. Programs must demonstrate improvement in the following benchmark areas:

- Improved maternal and newborn health
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
- Improvement in school readiness and achievement
- Reduction in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports

This manual provides policy and procedures for *MIECHV Home Visiting programs* to collect and report data in order to measure improvement and provide the Governor's Office and DHS with the information needed to report to HRSA.

MIECHV Reporting Requirements for HRSA

HRSA requires annual reports every October 30th to be entered in their electronic reporting system (DGIS). The Governor's Office will obtain the data for the reports from information that each site enters in Visit Tracker.

There are two reports required by HRSA:

- FORM 1 (Appendix 1) which is demographic information. This includes specific instructions and definitions.
- FORM 2 (Appendix 2) which is our benchmark data.

Each data point on FORM 1 and FORM 2 is listed on: MIECHV DATA COLLECTION FORM (Appendix 3)

A hard copy of the MIECHV DATA COLLECTION FORM is to be included in every family file (chart). Home Visitors (HV) are required to complete this form at case opening and update it at least quarterly. Supervisors can decide whether the quarterly updates occur every three months after the family's case is opened or have a regularly scheduled update for every family in your program each quarter (example: updates would occur for every family in the program every July, October, January, and April). Home Visitors are required to enter all of the information collected on this form into Visit Tracker (Visittrackerweb.com). **Visit Tracker data is required to be up to date by the 5th of every month**. The following charts outline where each data point from FORM 1 and FORM 2 are entered into the data system:

- IL FORM 1 DEMOGRAPHICS INSTRUCTIONS AND WHERE TO FIND IN VT (Appendix 4)
- IL BENCHMARKS AND CONSTRUCTS AND WHERE TO FIND IN VT (Appendix 5)

Data Entry Deadline

All client information from the previous month must be entered into Visit Tracker **by the 5th of every month**. The Governor's Office will run periodic checks to ensure data completeness.

Data Consent

HV programs are required to obtain consent from each MIECHV participant to collect benchmark data and enter the data into VT. Consent should be obtained at case opening and the original signed hard copy of the consent should be kept in the family file (chart). The following consent form should be used:
MIECHV DATA CONSENT (Appendix 6)

Visit Tracker Training

Visit Tracker (Visittrackerweb.com) became the official data system for MIECHV in June of 2013. Visit Tracker is a web-based system originally designed for Parents as Teachers (PAT).Updates have since been made and will continue to be made in order to make it more "friendly" to all of the evidence based Home Visiting models in MIECHV (including PAT, Healthy Families, Nurse Family Partnership, and Early Head Start).

Visittrackerweb.com has recorded trainings that are available online to watch at any time. The following link is a training video for new Illinois MIECHV Home Visitors which will give an overview on data entry in Visit Tracker for MIECHV:
http://data-keeper.com/training/ and click on Illinois MIECHV training for new staff

You can also email or call the VT help desk for assistance: **info@data-keeper.com** 1-800-532-7148. Additionally, you can contact Lesley Schwartz at the Governor's Office to help provide technical assistance with the MIECHV data system at lesley.schwartz@illinois.gov or 312-814-4841.

Visit Tracker Site Administrator Role

VT requires a Site Administrator to be designated at each HV program. The Site Administrator does not have to have extensive computer expertise, as the system is very user-friendly. The Site Administrator does not necessarily have to be a supervisor, and may be administrative/data entry staff or a lead worker, as long as they have the ability to complete all of the necessary responsibilities listed below.

The Site Administrator will be responsible for:

- Main system set up- Site Administrator will be required to set up preferences in the system according to the SCREEN SHOT OF MIECHV REQUIRED PREFERENCES (Appendix 7). The Site Administrator may also add other preferences depending on the program's needs (i.e. demographic data that MIECHV may not need but that the program wants to collect).
- Setting up HVs in your program in the system- including deleting and adding new Home Visitors as necessary due to staff changes. Any staff who are terminated need to be removed from Visit tracker within 24 hours of their termination date. Before removing terminated staff, their cases must be transferred to an active Home Visitor. If the 24 hour window passes before cases are

transferred to an active home visitor, change their password so they are unable log into the system.

- Running site level reports that are only available to Site Administrators including Form 1 and Form 2, reviewing the reports for accuracy, and working with the HV staff to make necessary corrections.
- Acting as the liaison between the State/Visit Tracker and the Home Visitors (i.e. forwarding important emails, providing directions to HV from State/VT, ensuring HV follow through with corrections requested by State).
- Resetting passwords annually in July.
- Running Form 1 and Form 2 (when it becomes available) on at least a monthly basis to check for accuracy and have Home Visitors make appropriate changes.
- Ensuring that MIECHV Families and MIECHV Target Children are properly identified in the system. The Governor's Office will provide monthly reports so that this information can be verified at the site level. Visit Tracker is adding a feature so this can be checked at the site level as well.

Important Definitions

Case opening date-The date of the first home visit.

MIECHV Identified Caregiver/Primary Guardian- The parent who is reported to HRSA on Form 1 and Form 2. This parent should be the primary caregiver of the MIECHV Target child who signed up to participate in the home visiting program. For the purposes of MIECHV reporting, only one MIECHV Identified Caregiver will be identified and reported per family. In Visit Tracker, this family must be coded using the MIECHV Site/fund code in the system. Watch the recorded Illinois MIECHV Training for new staff video on the Visit Tracker website for more details.

MIECHV target child- the child who is reported to HRSA on Form 1 and Form 2:

- The MIECHV Target Child is always the **youngest child** at case opening.
- If the mother is pregnant, then the MIECHV Target child is the child that she is carrying.
- There is **only one MIECHV target child per family.** The only exception to this is in the case of twins, triplets, etc. Only in cases like this would you mark more than one child as the target child in Visit Tracker.
- The **MIECHV target child never changes** even if the mother becomes pregnant again and has a subsequent child. You may provide services to subsequent children per your model but they should not be marked as MIECHV Target child in the data system.
- MIECHV-specific benchmark data collection is necessary and is required to be entered in Visit Tracker for only the MIECHV target child although your model may have requirements on what needs to be documented on other children in a family.
- The MIECHV target child is designated only for HRSA reporting purposes and should be indicated as such by checking the MIECHV target child box in Visit Tracker. If your model serves more than one child in a family, you should follow your model requirements and serve all the appropriate children. Watch the recorded Illinois MIECHV Training for new staff video on the Visit Tracker website for more details.

- We encourage sites to enter MIECHV benchmark data for non-MIECHV families and children as well as MIECHV families and target children, as this will help sites to have a more complete picture of their program's outcomes. However, this is not a requirement and sites need to be sure that non-MIEHV families are not identified as MIECHV families through the site-code in Visit Tracker.

Priority Populations- MIECHV was designed to serve the following priority populations. The legislation did not provide specific criteria, so we as a State have discretion in how we choose to define these populations. These areas are very broad, so please think broadly when considering the families that you serve. Many of these populations include all family members, not just the primary caregiver and target child. Many of these indicators are by self-report or as observed by HV, so no formal documentation is needed to prove the family's situation- case entries and social histories are acceptable. See below for suggested criteria for each priority population.

☐ Have low income (fed guidelines)

An individual or family with an income determined to be below the official poverty line defined by the Office of Management and Budget. This can be based on self-report.

☐ Pregnant not yet age 21

This information is automatically calculated in VT based on caregiver's DOB. This box will automatically check in VT if caregiver is under 21 and pregnant.

☐ History of child abuse/neglect or involvement with child welfare services

Based on self-report, an enrollee who has a history of abuse or neglect and has had involvement with child welfare services either as a child or as an adult. This includes unsubstantiated reports.

☐ History of substance abuse or need for treatment

Based on self-report, an enrollee who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment. This includes alcohol and other drugs and does not include tobacco.

☐ User of tobacco products in home

Based on self-report, enrollees who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake.

☐ Parent or any child with low student achievement

Based on self-report, enrollees who have perceived themselves or their child(ren) as having low student achievement.

☐ Any child in home with developmental delays or disabilities

Based on self-report or Home Visitor/staff observation, enrollees who have a child or children suspected of having a developmental delay or disability.

☐ Family with current or former military members

Based on self-report, families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.

Prenatal Care Frequency Recommendations- The following chart will be used to determine the frequency of prenatal visits. For the Form 2 report, Visit Tracker automatically calculates this using this chart. The number of recommended visits is determined by looking at the left column for number of weeks pregnant when the mother gave birth (Gestational Age) then looking at the number of months pregnant at enrollment. For example, if a mother was 39 weeks when she gave birth and 8 months pregnant when she enrolled in the program, she should have 4 prenatal medical visits after HV enrollment and before giving birth. **It is vital that you enter the due date in Visit Tracker so the system can calculate whether the mother received the recommended amount of prenatal visits.** In Visit Tracker, prenatal visits are recorded under the prenatal child's health information not the mother's health information.

Table FPC-A: Expected Number of Prenatal Care Visits for a Given Gestational Age and Month Member Enrolled in the Organization

Month of Pregnancy Member Enrolled in the Organization								
Gestational Age In Weeks	**0-1st month**	**2nd month**	**3rd month**	**4th month**	**5th month**	**6th month**	**7th month**	**8th month**
28	6	5	4	3	1	1	-	-
29	6	5	4	3	1	1	-	-
30	7	6	5	4	2	1	1	-
31	7	6	5	4	2	1	1	-
32	8	7	6	5	3	2	1	-
33	8	7	6	5	3	2	1	-
34	9	8	7	6	4	3	2	1
35	9	8	7	6	4	3	2	1
36	10	9	8	7	5	4	3	1
37	11	10	9	8	6	5	4	2
38	12	11	10	9	7	6	5	3
39	13	12	11	10	8	7	6	4
40	14	13	12	11	9	8	7	5
41	15	14	13	12	10	9	8	6
42	16	15	14	13	11	10	9	7

*****Members who enroll during their 9th month of pregnancy would not be eligible for this measure, given the continuous enrollment criterion of 43 days prior to delivery through 56 days after delivery.

Source: Guidelines for Perinatal Care, Fifth Edition. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists

MIECHV Data Collection Requirements at a glance

All Primary Caregivers	
Within 45 days of case opening and quarterly thereafter	Futures Without Violence- Relationship Assessment Tool (Screening for domestic violence)
Within 3 months of case opening	Child Safety Information
At enrollment and quarterly thereafter	Household Income
All MIECHV Target Children	
6 months of age, 12 months of age and annually thereafter	ASQ-3
6 months of age, 12 months of age and annually thereafter	ASQ-SE
Pregnant and Postnatal Moms only	
Once, as soon after enrollment as possible, for pregnant women or moms within 6 weeks postnatal	4P's Plus
At least once, during the third trimester of pregnancy or the first two months postpartum	Edinburgh Perinatal Depression Scale (EPDS) - Screening for maternal depressive symptoms.
Once, within 6 weeks postpartum	Inter-Birth Spacing Information
6-8 weeks postpartum	Ask about use of contraception
From birth to 6 months postpartum	Ask about breastfeeding

Additional Data Collection Requirements

In addition to the data required for Form 1 and Form 2 reporting, we are requiring the following fields be entered in Visit Tracker for each family: Birth weight (for children enrolled prenatally), Physician name, all ASQ's administered, well-child visits beyond 15 months, and whether immunizations are up to date (this can be updated according to your model requirements.

Population and timeframe	**Data point and where it is entered in Visit Tracker**
All Primary Caregivers	
After every home visit	Duration of home visit (entered at the top of the Personal Visit Record in Visit Tracker)
All MIECHV Target Children	
At intake, updated whenever there are changes	Physician's name (entered in Child Data screen)
As often as model requires	ASQ and ASQ-SE (entered in child's screenings)
At intake and updated at least annually or as often as model requires	Immunizations current as of Date (entered in Child Data screen)- No need to enter specific shots into VT
At enrollment and updated at least quarterly	All dates of well child visits (entered on Child Health screen)
Pregnant and Postnatal Moms only	
After birth of MIECHV Target child	Birth weight of baby (entered in Child Data screen)

Frequently Asked Data Questions

What should a home visitor do if there is a positive screen/assessment but the family is already receiving services for the identified issue?

If a parent/child is already receiving services when there is a positive screen, refer them back to their current provider and document it as a referral in Visit Tracker and mark "Yes" for family received services. For example, if the ASQ is of concern and the child is already receiving Early Intervention services, discuss this with the family and encourage them to continue the services based on the screen. It is also recommended the home visitor have the parent sign a consent so the home visitor and the provider can share screening results, exchange information, and coordinate services. Then, after the parent signs the consent, the home visitor should share a copy of the screen with the provider. The Illinois Chapter of the American Academy of Pediatrics developed protocols and forms for making referrals between Medical Homes (medical providers) and MIECHV Coordinated Intake agencies. All of their materials are online here: http://illinoisaap.org/projects/early-childhood-development-initiatives/home-visiting/ Please click on the link for "Resources for Home Visitors. The Care Coordination Form is what home visitors should use to share the results of any screenings with the family's medical provider This same form is used by home visitors to request medical results from providers (such as immunizations, etc.). These forms are already HIPAA-compliant.

For Benchmark 30 (Education Level of Primary Caregiver), if a teen mom indicates that she wants to complete high school, but she's currently a sophomore, so it takes her longer than 1 year to "attain" her goal, will she be counted in that benchmark? Or is it just "adult" moms?

This benchmark is for any parent who identifies education as a goal so a teen mom would be included. If it takes longer than a year to achieve a goal, the parent will not be included in the numerator. A goal is considered achieved when the status of the goal is changed to "met" in Visit Tracker. Any education goal will be counted including those for ESL classes or any other continuing education course. One option is to help the parent break down the long term goals to shorter term goals that can be achieved in a year. So, for example, the overall goal can be to graduate from high school but shorter term goals can be to complete sophomore year, junior year, etc. This is an option but not required since it is important for the parent to develop their own goals so they should break them down however they see fit.

For Benchmark 29, family income, if a teen mom lives with her mom, for instance, it's difficult to tease out the income… does this benchmark look at only adults?

This benchmark looks at the MIECHV Family (see full definition above). A teen mom would be included. For a teen mom who does not work and lives with her parents she would have $0 income. If she gets WIC or other benefits for her baby and it is under her name the amount should be estimated and counted as income but if the benefits are under her parents name then it is still zero. For MIECHV reporting, we have defined a MIECHV family as mother (or primary caregiver), father (or other caregiver) only if they live in the home, the target child and all their siblings so the income of parents/grandparents or anyone else in the house who are not the specific people listed in the above definition should not be included.

I entered prenatal visit (Benchmark 1) but the report is not calculating them?

Be sure that you are entering prenatal visits are under the prenatal child's health information not under the pregnant mother (see IL FORM 1 DEMOGRAPHICS INSTRUCTIONS AND WHERE TO FIND IN VT Appendix 4) for specific directions.

My participant has chosen not to use postpartum contraception; does it count for the benchmark? I have talked to her about it and documented it.
No, the benchmark is not only about having the conversation and recording if they are using contraceptive or not, but about the women actually initialing contraceptive use within 6 weeks of delivery. It can be counted as yes if she has a scheduled appointment for contraception but if she is not planning on using any method of contraception (condoms, birth control, depo shot, etc.), it should be documented as no. Home visitor should continue discussing contraceptive use with their participants after 6 weeks post-partum but to be counted in the benchmark, it has to be initiated by 6 weeks postpartum.

We talk to the moms when they are pregnant about spacing out births. For benchmark 4, I know we have until 6 weeks after birth to note this, but does it also count if they talk about it *during* the pregnancy?
Yes, this will count. Anytime during pregnancy and up to 6 weeks after they give birth it will count for the benchmark but home visitor are encouraged to continue these conversations with their participants even after 6 weeks. The optimum time between births is 18 months.

I was wondering if the MIECHV Data Collection Form can be entered into VT so rather than the home visitors having to go to a bunch of different places to record the data.
No, Visit Tracker is a case management tool that when used in real time (not entering back data) the "flow" of it makes sense for home visiting programs. For back data entry it may seems all over the place but if you use it daily for case management it is user friendly. When deciding on a data system for MIECHV we did not want just a repository to enter MIECHV benchmarks. We wanted it to be a daily tool that programs found useful in practice.

I understand that benchmark 35 (referral completed) will only be included if services received is marked with a "yes". Is this correct?
Yes, that is correct. The benchmark is not just looking at whether the home visitor followed-up with a family in regards to a referral that was made. Instead, the benchmark specifically looks at whether the referred family completed the referral by accessing services or attempting to access services by contacting the referral agency. For example if a home visitor gave the family a number for Early Intervention Services and later found out the family did nothing with it, the home visitor should enter "no" for services received. If they come to find that the family is receiving services, has a future appointment scheduled or made an attempt to receive services by contacting the Early Intervention agency, it should be marked "yes" for services received. Be sure to double check and change all of the "unknowns" in visit tracker as soon as you have a definitive answer.

I had a question about well-child visits (Benchmark 7). When we open a family with a 10 month old, for example, we ask for the medical records prior to starting services. Can we input well-child visits prior to starting services? Will it count towards completing the 5 well-child visits?
You can enter well-child visits prior to case opening but the child will not get counted in either the numerator or denominator for this benchmark. This benchmark only pulls from children who turned 15 months and were enrolled in the program prenatally.

Do we need to enter the prenatal visits (Benchmark 1) that occurred prior to case opening?
No, you do not need to enter the prenatal visits that occurred prior to case opening although you are welcome to do so if your program would like to. As a general rule, the benchmarks do not use data points that occurred prior to case opening because we are interested in what happens over the course of home visiting services not before services occur. For the prenatal benchmark 1, we calculate prenatal visits based on a chart that accounts for how far along a pregnant mother is at enrollment to determine if the proper number of prenatal visits occurred.

For Safety Information (Benchmark 11), does any information about prevention of child injuries count?
Safety information should be given to all caregivers enrolled, regardless of child age, within the first 3 months of enrollment. The information should include information about safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety (i.e. drowning), and/or playground safety. It is not required to discuss all of these topics within the first 3 months to be included in the benchmark.

For Benchmark 29 (household income and benefits), if someone is getting financial aid to go to college/education program, does that count for income too?
No, there is no need to add this amount to their income.

Some participants have goals that seem to span into various categories. How should I handle this?

For consistency, please follow the following guidelines. If the participant's goal is that her child will enroll preschool, the Goal Area should be Child Development. If the participant's goal is that the participant will continue in high school, get a degree, enroll in some educational program of any type (this includes English), get in some job training program: the Goal Area is Education. If the participant's goal is to get a part time or full time job, create a resume, open a business: the Goal Area is Employment.

Field Data Collection

Part of the MIECHV grant that funds your program includes an evaluation piece which is being completed by University of Illinois Center for Prevention Research and Development (CPRD). CPRD is collecting data for evaluation from all MIECHV-funded families provided home visiting and doula services throughout Illinois. The data will be collected from each family by a trained CPRD field data staff during a home visit within 30 days of enrollment and then annually thereafter. Home visiting programs will coordinate with the families and CPRD to schedule field data collection home visits and the family's home visitor will accompany field data staff on the visit. While participation is voluntary for participants, it is mandatory that all MIECHV-funded sites participate in the data collection process. To thank the family for their participation, they will receive gift cards at the end of the data collection visits.

In order to support the process MIECHV programs and supervisors should:

1. Provide CPRD field data collectors home visitors contact information and inform them of any staffing changes.

2. Encourage all home visitors to schedule a data collection home visit with all new participants and accompany the data collector at the visit. The goal is to complete the first data collection visit within 30 days of enrollment.

3. Ensure client lists are up to date in Visit Tracker so CPRD has an accurate list of participants.

The field data collectors will work directly with home visitors to schedule visits, and will stay in frequent contact with the program so they are aware of any changes. CPRD will use e-mail and a shared Google Calendar for scheduling data collection visits as well as occasional in-person visits to your site. CPRD can confirm visit appointments by phone call, text message or e-mail based on individual home visitor preferences. It is understood that participants sometimes have urgent needs, so CPRD staff will rely on home visitors to choose a day and time when the participant will be available for the data collection visit, and to let CPRD staff know, as far in advance as possible, of visit cancellations and rescheduling. Home visitors should always accompany field data collectors at visits and the visit can be counted as a home visit in Visit Tracker on the Personal Visit Record.

Home visitors may be asked to have a consent form signed by the parent or guardian of a minor teen parent ahead of time, especially if parent or guardian of the teen parent will not be home during the visit. If this is requested, CPRD will provide copies of the consent forms to the program.

CPRD Field Data Collector E-mail Addresses and Areas Served:

1. Mary Anne Wilson, mawilso@uillinois.edu MIECHV Research Project Coordinator 217-333-3231
2. Kathy Farrell, farrellk@illinois.edu Rockford Area
3. Kim Lovely, klovely@illinois.edu Chicago/Englewood
4. Jessica Nunez, jnunez2@illinois.edu Cicero Area/Lawndale
5. Christy Reinhard, garrisre@illinois.edu Elgin Area/Waukegan
6. Judy Sparks, jasparks@illinois.edu Macon County/Rock Island
7. Marilee Wright, mjjw@illinois.edu Vermillion County

During a data collection home visit, CPRD field data collectors will:

- Review project consent form and obtain signed consent from the primary caregiver (and guardian if mom is under age 18).
- Ask primary caregiver to complete a Parent Satisfaction Survey.
- Ask primary caregiver to complete a series of assessment tools including:
    - Knowledge of Infant Development Inventory (KIDI) to assess current knowledge and beliefs related to infant and child development.
    - PICCOLO Video a 10-minute video recording of parent and child (over two months old) playing together to evaluate how parent interacts with their child.
    - Parent Stress Index (PSI) is designed to evaluate the magnitude of stress in the parent-child system and to evaluate how parent's stress changes as their children develop.
    - Home Observation for Measurement of the Environment (HOME) captures the child's everyday life and experiences through data collector observations and interview questions.

Results from the evaluation conducted by CPRD will be shared with programs on a regular basis so as to inform the CQI process and help programs make improvements.